Filing Fee: \$150.00



Form No. 400 Revised: 09/06

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION

Pursuant to the provisions of Chapter 7-16 of the General Laws of Rhode Island, 1956, as amended, the following Articles

of	Organization are adopted for the limited liability company to	be organized hereby:		.,
1.	The name of the limited liability company is:			
	Boston Street Apartments, LLC			
2.	The address of the limited liability company's resident ager	nt in Rhode Island is:		
	c/o LaPlante Sowa Goldman, 272 West Exchange Street	Providence	, RI	02903
	(Street Address, not P.O. Box)	(City/Town)		(Zip Code)
	and the name of the resident agent at such address is	David M. Campanella, E	sq.	
	<u> </u>	(Name of Age	ent)	
3.	Under the terms of these Articles of Organization and any the limited liability company is intended to be treated for pu			
	(Check one i	box only)		
	X a partnership <u>or</u> a corporation <u>or</u>	disregarded as an enti	ity sepai	rate from its member
4.	The address of the principal office of the limited liability con	npany if it is determined at the	e time of	organization:
	138 Atwells Avenue, Providence, RI 02903			G
	(If not determined, s	so state)		
5.	The limited liability company has the purpose of engaging until dissolved or terminated in accordance with Chapter 7-paragraph 6 of these Articles of Organization. 12.31 pm FILED			
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company is formed, and any other provision which may be included in an operating agreement:							
None other than may be provided for in the Operating Agreement							
···							
Management of the Limited Liability Company (check <u>one</u> only): A. The limited liability company is to be managed by its members. (If you have checked this box, go to item							
				No. 8 – DO <u>NOT</u> LIST ANY NAMES IN SECTION B.)			
					<u>or</u>		
	<u>o.</u>						
. जि.स. विकास							
B. The limited liability company is to be managed X by one (1) or more managers. (If the limited liability							
company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)							
<u>Manager</u>	<u>Address</u>						
Trevor J. Wiggins	138 Atwells Avenue, Providence, RI 02903						
							
he date these Articles of Organizati	on are to become effective, if later than the date of filing, is:						
ne date these Articles of Organizati	ion are to become effective, if later than the date of filing, is:						
	ion are to become effective, if later than the date of filing, is: nore than 30 days after, the filing of these Articles of Organization)						
	nore than 30 days after, the filing of these Articles of Organization)						
	nore than 30 days after, the filing of these Articles of Organization) Name and Address of Authorized Person:						
	nore than 30 days after, the filing of these Articles of Organization) Name and Address of Authorized Person: David M. Campanella, Esq.						
	nore than 30 days after, the filing of these Articles of Organization) Name and Address of Authorized Person: David M. Campanella, Esq. 272 West Exchange Street						
	Name and Address of Authorized Person: David M. Campanella, Esq. 272 West Exchange Street Providence, RI 02903						
	nore than 30 days after, the filing of these Articles of Organization) Name and Address of Authorized Person: David M. Campanella, Esq. 272 West Exchange Street Providence, RI 02903 Under penalty of perjury, I declare and affirm that I have						
	nore than 30 days after, the filing of these Articles of Organization) Name and Address of Authorized Person: David M. Campanella, Esq. 272 West Exchange Street Providence, RI 02903 Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any						
	nore than 30 days after, the filing of these Articles of Organization) Name and Address of Authorized Person: David M. Campanella, Esq. 272 West Exchange Street Providence, RI 02903 Under penalty of perjury, I declare and affirm that I have						
	Name and Address of Authorized Person: David M. Campanella, Esq. 272 West Exchange Street Providence, RI 02903 Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained						
·	Name and Address of Authorized Person: David M. Campanella, Esq. 272 West Exchange Street Providence, RI 02903 Under penalty of perjury, I declare and affirm that I have examined these Articles of Organization, including any accompanying attachments, and that all statements contained						

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

